



****REMOVE THIS HEADER BEFORE SENDING TO MEMBER****

INSERT LOGO HERE

If you have trouble reading this notice because the letters are too small or the words are hard to read, please call our office at XXX-XXX-XXXX and someone will help you. If this notice does not tell you what you asked for, what we decided and why, please call us at XXX-XXX-XXXX. This notice is available in other languages and formats if you need it. If you are deaf or have difficulty hearing, you can call **7-1-1**.

~~Si tiene problemas para leer este aviso porque las letras son muy pequeñas o las palabras son difíciles de leer, por favor llame a nuestra oficina al XXX XXX XXXX y alguien le ayudará. Si esta notificación no le dice lo que usted pidió, lo que decidimos y por qué, por favor llámenos al XXX XXX XXXX. Este aviso está disponible en otros idiomas y formatos si lo necesita. Si usted es sordo o tiene dificultades de audición, comuníquese al 7-1-1.¹~~

NOTICE OF ADVERSE BENEFIT DETERMINATION

To : _____ DATE : _____
FROM : _____

(You or your doctor- as appropriate) have asked that (Health Plan Name) pay for (describe services requested and the reason for the services in easily understood language).

OUR DECISION

(Insert action being taken here and date effective if terminating or reducing a current service).

THE REASONS FOR OUR DECISION

FACTS ABOUT YOUR CONDITION OR SITUATION THAT SUPPORT OUR DECISION

(Insert the reason for the adverse benefit determination, which must be complete and in common, easily understood language. The explanation must be both member and fact specific, describing the member's condition and the reasons supporting the Contractor decision. If the reason for the denial is a lack of information, the missing info must be identified so the member has an opportunity to provide it)

¹ **POST APC CHANGE: REMOVED, INFORMATION IS DUPLICATIVE OF THE NON-DISCRIMINATION NOTICE THAT WILL BE INCLUDED IN THE NOTICE**

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LEGAL BASIS FOR OUR DECISION

WE BASED OUR DECISION ON
(insert correct legal citation here)

Copies of Legal Citations can be found at the local library or at
<https://www.azahcccs.gov/Resources/Regulations/index.html>.

YOUR RIGHTS IF YOU DISAGREE WITH THIS DECISION

If you are not happy with this decision, you can ask us to look at the decision again. This is called an appeal. You can appeal by telling us over the phone or in writing. To file an appeal you must call us at (*Insert grievance phone number*) or write us at (*insert Contractors mailing address here*). We must receive your appeal no later than (*insert date, 60 calendar days after the date of this Notice. If the 60th day falls on a weekend or holiday the Contractor must use the next business day*).

You can also see your case file, including medical records, other documents and records, and any new ~~information used or made by your health plan~~additional evidence considered, relied upon, or generated by the MCO, related to your appeal in connection with the appeal of the adverse benefit determination. This information is provided ~~at no cost~~free and will be given before the appeal is decided of charge and sufficiently in advance of the resolution timeframe for the appeals of the adverse benefit determination². Before we make our decision, you may provide us any information that you think will be helpful. You can ask us to set up a meeting so that you can give us the information in person, or you can give it to us in writing. After we review your appeal, we will send you our decision in writing within 30 days ~~of~~of the date we received your appeal request ~~for medication~~.

² [LANGUAGE SIMPLIFIED](#)

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IF YOU NEED A FASTER DECISION ON YOUR APPEAL

If you or your doctor believes that your health or ability to function will be harmed unless a decision is made in the next three days, you or your doctor can ask us for a fast review by calling us and asking for an expedited appeal. If we agree, we will decide your appeal no later than 72 hours after receipt of the request for service. If we do not agree a fast review is needed, we will write you within two days, and we will also try to call you. Then, we will decide your appeal within 30 days.

GETTING HELP IF YOU WANT TO APPEAL THIS DECISION

You can have someone help you appeal. Your doctor or other health care provider can appeal for you if you write to us giving them permission. If you would like legal help with this decision, please contact the legal aid program in your county listed in Attachment B, Legal Services Program. You may also contact the State Protection and Advocacy System, the Arizona Center for Disability Law, at 1-800-927-2260. Persons determined to have a Serious Mental Illness (SMI) may also ask for help by contacting an Advocate at the AHCCCS Office of Human Rights at 1-800-421-2124 or 602-364-4585.

TAKING MORE THAN 30 DAYS TO DECIDE YOUR APPEAL

For all appeals, up to 14 more days may be taken to make a decision on your case. This is called an extension. If we want an extension, we will write you and tell you why it is needed and how it is helpful to you. If you want an extension, you can ask for it by writing or calling us. If an extension is given, a decision for your appeal will be made in 44 days, rather than 30 days.

CONTINUING SERVICES WHILE WE MAKE A DECISION ON YOUR APPEAL

(Insert: "This paragraph does not apply to you" if the member has not been receiving the requested service)

If the services you write about in your appeal are already being given to you, but are going to be cut back or stopped, you can ask that the services continue while we make a decision. If you want those services to continue, you must say so when you appeal. Your services will only be continued if you appeal by (*insert date, 10 calendar days from the date of the Notice OR the intended date of the action*). If you do not win your appeal, you may be responsible for paying for these services provided during the appeal.

If you have any questions about filing an appeal or if you need help, you can call us at (*insert Contractor*

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phone number here).

Sincerely,
(Insert name of Decision Maker)

OPEN UNTIL 11/19/18